

RECEIVED

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## STATE OF SOUTH DAKOTA

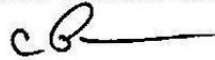
## Statement of Legal Newspaper Ownership and Circulation

S.D. SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <b>Miner County Pioneer</b>		2. DATE <b>9-28-2012</b>
3. FREQUENCY OF ISSUE <b>Weekly</b>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <b>52</b>	3B. ANNUAL SUBSCRIPTION PRICE \$ <b>37.60</b>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <b>PO Box 220, 120 S. Main St., Howard, Miner SD 57349-0220</b>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <b>PO Box 220, 120 S. Main St., Howard, Miner SD 57349-0220</b>		
6. FULL NAME OF PUBLISHER: <b>Carla Poulson</b>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME <b>Carla Poulson</b> COMPLETE MAILING ADDRESS <b>PO Box 220 Howard, SD 57349-0220</b>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. <b>No</b>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<b>1500</b>	<b>1500</b>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales.	<b>209</b>	<b>212</b>
2. Mail Subscription (Paid and or requested)	<b>1178</b>	<b>1177</b>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<b>1387</b>	<b>1389</b>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<b>32</b>	<b>32</b>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<b>5</b>	<b>5</b>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<b>1424</b>	<b>1426</b>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<b>76</b>	<b>74</b>
2. Return from News Agents	<b>0</b>	<b>0</b>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<b>1500</b>	<b>1500</b>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:



(Signature)

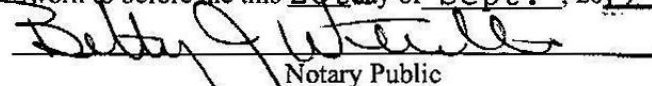
Publisher

(Title)

State of South Dakota )

County of Miner )

(Seal)

Sworn to before me this 28th day of Sept., 2012


Notary Public

My commission expires: April 29, 2016